

**SC BOARD OF EXAMINERS FOR LICENSURE OF
PROFESSIONAL COUNSELORS, MARRIAGE AND FAMILY THERAPISTS,
AND PSYCHO-EDUCATIONAL SPECIALISTS
P O BOX 11329
COLUMBIA, SC 29211-1329**

TRANSFER REQUEST FORM

I attest that all information provided herein concerning supervision, direct client contact hours and work experience is accurate. I understand that supervision for licensed Interns and the duration for Intern licensure are for a period of not less than two years.

I have completed all of the requirements for full licensure and since I have met these requirements, I would like to request a transfer of my Intern license to full licensure as a ☐ Licensed Professional Counselor or ☐ Licensed Marriage & Family Therapist.

Date

Signature

Intern License #

Expiration Date of Intern License

Current Address

City/State/Zip Code

Home Telephone #

Business Telephone #

Checklist

You must submit the following:

- Confirmation of Clinical Supervision form from each Supervisor
- Log of hours attached to each Confirmation form
- Transfer Request Form
- No fees are required at this time. The Board will review your documentation and send you a letter indicating the pro-rated fees required to activate a new license.
- Mail the documentation to the address on this letterhead